a Control number	55555	l Void I I I	For Official Use Only OMB No. 1545-0008	>					
b Employer identification number				1 Wages, tips, other compensation			2 Federal income tax withheld		
				\$		_	\$		
c Employer's name, address, and ZIP code				3	Social security wages		4 Social security tax withheld \$		
				5 Medicare wages and tips			6 Medicare tax withheld		
				\$		\$	\$		
				7	Social security tips		8 Allocated tips		
				\$			\$		
d Employee's social security number				9 Advance EIC payment			10 Dependent care benefits		
				\$		\$			
e Employee's first name and initial Last name				11 Nonqualified plans \$			12a See instructions for box 12		
				13 St	atutory Retirement Third-party nployee plan sick pay	1 C	2b \$		
				14	Other	1 C 0 d	2c \$		
						1 C	2d \$		
f Employee's address and ZIP code									
15 State Employer's state ID number		te wages, tips, etc.	17 State income t	ax	18 Local wages, tips, etc.	19 Lo	cal income tax	20 Locality name	
ļl			-		. *	- *			
	\$		\$		\$	\$			
W-2 Wage and Tax Statement (99)				כ	Departr	ment of t	he Treasury—Inter	nal Revenue Service	
Form VV-Z Statement (99))				perwork Reduction	
Copy A For Social Security Ad						A	ici Notice, see se	parate instructions.	
page with Form W-3 to the Social Security Administration; photocopies are not acceptable. Cat. No. 10134E									

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